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CONFIRMATION NO. 7536

SERIAL NUMBER 10/813,806	FILING or 371(c) DATE 03/31/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 8627/487 (PA-5391RFB)		
APPLICANTS Constantin Cope, Bend, OR; Mark A. Magnuson, Bloomington, IN; ** CONTINUING DATA ***** This appln claims benefit of 60/460,440 04/04/2003 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/10/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /LAURA A BOUCHELLE/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY OR	SHEETS DRAWINGS 5	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
ADDRESS INDIANAPOLIS OFFICE 27879 BRINKS HOFER GILSON & LIONE ONE INDIANA SQUARE, SUITE 1600 INDIANAPOLIS, IN 46204-2033 UNITED STATES						
TITLE Bloodless percutaneous insertion system						
FILING FEE RECEIVED 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		